

Attorney Docket No.: 5649-1146

TFW#
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Dong-yang Lee

Confirmation No.: 6395

Serial No.: 10/676,232

Filed: October 1, 2003

For: DYNAMIC RANDOM ACCESS MEMORY DEVICES AND METHOD OF
CONTROLLING REFRESH OPERATION THEREOF

October 20, 2004

Mail Stop Petitions
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

**PETITION TO GRANT A FILING DATE FOR A COMPLETE NON-PROVISIONAL
APPLICATION**

Sir:

In response to the Notice of Incomplete Non-Provisional Application, Applicant... hereby petitions to assign the filing date of October 1, 2003, for the above-identified patent application as this was the date the Application (including the 1 formal drawing sheet) was deposited as "Express Mail" in the U.S. Postal Service. The following is enclosed as evidence of October 1, 2003 being the filing date for the application which was properly filed under 37 C.F.R. § 1.10:

1. A true and accurate copy of the Cover Sheet for the Application showing that 1 formal drawing sheet was included and the Express Mail signature and date on Page 2;
2. A true and accurate copy of the Express Mail Receipt marked by the United States Postal Service ("USPS") as a "date-in" or deposit date with the USPS of October 1, 2003;
3. A true and accurate copy of the 1 formal Drawing sheet included with the Application; and
4. A true and accurate copy of our return post card indicating that the Application was received by the USPTO (granting an initial filing date of October 1, 2003) and indicating the inclusion of the 1 formal drawing sheet with the application.

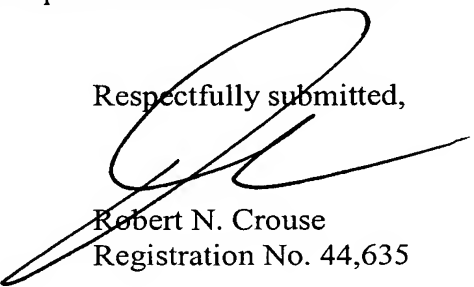
This petition is being filed promptly after Applicant became aware that no filing date has been granted as indicated in the Notice of Incomplete Non-Provisional Application. Accordingly, Applicant respectfully requests the granting of October 1, 2003 as the filing date in view of the evidence provided with the present petition.

10/26/2004 MAHME1 00000030 500220 10676232

01 FC:1460 130.00 DA

The Commissioner is authorized to charge the required fee of \$130 to Deposit Account No. 50-0220 for consideration of the present petition. However, Applicant concurrently hereby petitions for a refund of the petition fee (\$130) on the basis that Applicant properly followed the requirements of 37 CFR § 1.10 and the USPTO failed to accord the proper filing date under MPEP § 505. Thus the need to file this petition is due to error on the part of the USPTO. The Commissioner is authorized to charge any deficiency, credit any overpayments or refunds to Deposit Account No. 50-0220.

Respectfully submitted,

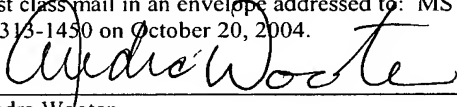


Robert N. Crouse
Registration No. 44,635

Attorney For Applicant
USPTO Customer No. 20792
Myers Bigel Sibley & Sajovec
Post Office Box 37428
Raleigh, North Carolina 27627
Telephone: 919/854-1400
Facsimile: 919/854-1401

Certificate of Mailing under 37 CFR 1.8 (or 1.10)

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: MS Petitions, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on October 20, 2004.



Audra Wooten



Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450


BNC/abw Date: 10-1-03
10-20-03 A01 Doc. No. 5649-1146
Serial No. NTBA
Inventor: Lee

Sir: Kindly acknowledge receipt of the accompanying items listed below
by placing your receiving stamp hereon and return mailing:

<input checked="" type="checkbox"/> Application Transmittal and:	<input checked="" type="checkbox"/> Check \$ <u>770.00</u>
<input checked="" type="checkbox"/> Specification pages <u>6</u>	<input type="checkbox"/> IDS & PTO-1449 & <u> </u> refs.
<input checked="" type="checkbox"/> No. of Claims <u>18</u>	<input type="checkbox"/> Amendment & Amend. Transmittal
<input checked="" type="checkbox"/> Declaration & POA	<input type="checkbox"/> Preliminary Amendment
<input checked="" type="checkbox"/> Assignment and Fee <u>-\$40</u>	<input type="checkbox"/> Issue Fee
<input type="checkbox"/> Small Entity Statement	<input type="checkbox"/> Brief
<input checked="" type="checkbox"/> Formal Drawings/ <u>1</u> sheets	<input checked="" type="checkbox"/> Appeal
<input type="checkbox"/> Associate Power of Attorney	<input checked="" type="checkbox"/> Submittal of Priority Doc.
<input checked="" type="checkbox"/> Exp. Mail <u> </u> 1st Class Mail	
Other: <u> </u>	

Respectfully submitted,
MYERS BIGEL SIBLEY & SAJOVEC, P.A.
Attorneys for Applicant

03945 U.S. PTO
10/676232
100103

 EV 193633685 US		Customer Copy Label 11-F June 2002	
EXPRESS MAIL UNITED STATES POSTAL SERVICE®		Post Office To Addressee	
ORIGIN (POSTAL USE ONLY)		DELIVERY (POSTAL USE ONLY)	
PO ZIP Code <u>21622</u>	Day of Delivery <input checked="" type="checkbox"/> Next <input type="checkbox"/> Second <input type="checkbox"/> Flat Rate Envelope	Delivery Attempt Mo. <u>10</u> Day <u>1</u> Time <input type="checkbox"/> AM <input type="checkbox"/> PM Employee Signature	Delivery Attempt Mo. <u>10</u> Day <u>1</u> Time <input type="checkbox"/> AM <input type="checkbox"/> PM Employee Signature
Date In Mo. <u>10</u> Day <u>1</u> Year <u>03</u>	<input checked="" type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM Postage Time <u>11:35</u> Military Return Receipt Fee	Delivery Date Mo. <u>10</u> Day <u>1</u> Time <input type="checkbox"/> AM <input type="checkbox"/> PM Employee Signature	Delivery Date Mo. <u>10</u> Day <u>1</u> Time <input type="checkbox"/> AM <input type="checkbox"/> PM Employee Signature
<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM Weight <u>6.90</u> lbs. <u>025</u> ozs.	<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day Int'l Alpha Country Code COD Fee Insurance Fee	<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Only) Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.	
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials <u>CB</u> Total Postage & Fees \$ <u>13.65</u>	<input type="checkbox"/> NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday Customer Signature	
CUSTOMER USE ONLY METHOD OF PAYMENT: Express Mail Corporate Acct. No. <u>X276081</u>		Federal Agency Acct. No. or Postal Service Acct. No.	
FROM: (PLEASE PRINT) MYERS BIGEL SIBLEY & SAJOVEC PO BOX 37428 RALEIGH NC 27627-7428 RNC/abw 3649-1146 PHONE <u>919 854 1400</u>		TO: (PLEASE PRINT) MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 PHONE	
PRESS HARD. You are making 3 copies. FOR PICKUP OR TRACKING CALL 1-800-222-1811 www.usps.com			